

FY 2004-2005 ☐ **FY 2005-2006** ☐

Museum _____

Contact _____

Address _____

Phone _____

Re: Contract # _____

Please copy this evaluation for your records before mailing. Be as concise as possible. **This report is due after project is completed.** Evaluation form can be e-mailed to you upon request.

PROJECT DESCRIPTION

Description of project (*please be concise – What did you do? How? When? Where?*)

[illegible]

Number of individuals benefiting from project (total audience, participants, students, staff, etc.): _____

Describe objectives that the project sought to achieve, and were you successful in achieving these objectives?

Describe the long-term benefits to the museum from this project



I certify that the foregoing information is true and correct and that all expenditures were incurred solely for the purpose of the above-mentioned grant.

Name

Title:

Date:

When completed, please mail this form to: **Utah Office of Museum Services**
300 Rio Grande Street
Salt Lake City, UT 84101

PROJECT BUDGET: ACTUAL EXPENSES

Personnel

(Payment for employee salaries, wages, and benefits associated with project)

Administrative Number of Positions: _____

Curatorial Number of Positions: _____

Technical/Clerical Number of Positions: _____

Other Number of Positions: _____

Applicant Funds:

\$ _____

\$ _____

\$ _____

\$ _____

OMS Grant:

\$ _____

\$ _____

\$ _____

\$ _____

Note: List specific information under each category if applicable.

Outside Consultant Fees\$ _____

\$ _____

Rentals.....\$ _____

\$ _____

Publicity and Promotion\$ _____

\$ _____

Phone/Postage.....\$ _____

\$ _____

Supplies\$ _____

\$ _____

Insurance\$ _____

\$ _____

Other\$ _____

\$ _____

* TOTAL EXPENSES\$ _____

\$ _____

* TOTAL PROJECT EXPENSES\$ _____

Note: Total project Expenses and Total Project Income **must** equal each other

PROJECT BUDGET: ACTUAL INCOME

Revenue (earned income committed to project)

Admissions	\$ _____
Memberships	\$ _____
Gift Shop Income	\$ _____
Applicant Cash	\$ _____
Other (<i>specify</i>)	\$ _____

Support (unearned income committed to project)

Corporate Support.....	\$ _____
------------------------	----------

Foundation Support.....	\$ _____
-------------------------	----------

Government Support.....	\$ _____
Federal.....	\$ _____
State.....	\$ _____
Local.....	\$ _____

Other Private Support.....	\$ _____
----------------------------	----------

In-kind Contributions.....	\$ _____
Volunteer Time.....	\$ _____
Donated Materials.....	\$ _____

(In-kind contributions are *services and materials* donated to this project. Volunteer time is calculated at \$8.00 per hour, unless the volunteer is donating services which he/she provides as part of his/her profession in which case time is calculated at that person's professional rate)

TOTAL INCOME	\$ _____
GRANT AMOUNT RECEIVED FROM OMS	\$ _____
* TOTAL PROJECT INCOME.....	\$ _____

Note: Total project Expenses and Total Project Income **must** equal each other